



PTC/SB/51 (12-97)
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## Docket Number (Optional) REISSUE APPLICATION DECLARATION BY THE INVENTOR 099488-2 (8000-79)

As a below named inventor, I hereby declare that:  My residence, post office address and citizenship are stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,810,590 , granted 09/22/98 , and for which a relssue patent is sought on the invention entitled DENTAL IMPLANTS AND METHODS FOR
the specification of which
ls attached hereto.
was filed on 09/22/00 as reissue application number 09/ 667,827  (If applicable)
I have reviewed and understand the contents of the above identified spacification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.  I verify believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)  by reason of a defective specification or drawing.  by reason of the patentee claiming more or less than he had the right to claim in the patent.
by reason of other errors.
At least one error upon which reissue is based is described as follows:







**Docket Number (Optional)** 

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REISSUE APPLICATION DECLARATION BY THE INVENTOR | 099488-2 (8000-79)

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number $5.810.590$ , granted $09/22/98$ , and for which a reissue patent is sought on the invention entitled DENTAL IMPLANTS AND METHODS FOR EXTENDING SERVICE LIFE
the specification of which
is attached hereto.
was filed on $\frac{09/22/00}{09/22/00}$ as reissue application number $\frac{09}{667,827}$ and was amended on $\frac{09/22/00}{(\text{If applicable})}$ .
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.  I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)
by reason of a defective specification or drawing.
x by reason of the patentee claiming more or less than he had the right to claim in the patent.
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(REISSUE APPLI	CATION DECLARATION BY THE INVEI	NTOR, page 2)	Docket N	umber (Optional)
applicant. As a r	ted in this reissue application arose venamed inventor, I hereby appoint the and transact all business in the Paten	following attorney	(s) and/or a	agent(s) to prosecute
Name(s)	Registration Num	ber		
THOMAS W. C	OLE 28,290			
Correspondence /	Address: Direct all communications abou	ut the application to:		Luctomer Number Bor
Customer Nu	mber	$\rightarrow$		ustomer Number Bar abel here
OR	Type Customer Number hen	e	L	
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Address				
City	MCLEAN	State	VA	<b>ZIP</b> 22102
Country	U.S.A.			
Telephone	703 790 9110	Fax	703 883	0370
on information and knowledge that will or both, under 18 U application, any pa	at all statements made herein of my own belief are believed to be true; and furthe full false statements and the like so made J.S.C. 1001, and that such willful false statent issuing thereon, or any patent to which the state of the state o	or that these stateme e are punishable by the atements may jeopa ich this declaration is	nts were ma fine and importions rdize the val	de with the risonment,
PAULA S. FR	or first inventor (given name, family name IED	·) 		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Inventor's signature	d			Enh h Mule:
	an Drive, Bayside, NY 11360	Date		
Post Office Addres	s	Citizenship U.S.		
Full name of secon LEONARD COOPI	id joint inventor (given name, family name ER			
Inventor's signature	е	Date		4 27 4 5
Residence		Citizenship		
999 Grant Avo Post Office Addres	e., Pelham Manor, NY 10803 s	l u.s.		
Full name of third jo	oint inventor (given name, family name)			
Inventor's signature		Date		
Residence		Citizenship		
Post Office Addres	s			
Additional join	t inventors are named on separately num	bered sheets attach	ed hereto.	





reissue applic	MOITA	DECL	RATION	BY THE IN	VENTOR,	page 2)	Docket	Number (	700. ONE OFS 1-6 ENT OF COMMER LE CAME COMPOS RUE DESIGNAS)
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